Employee Grievance Employee Name (Last, First M.I.) Job Title/Classification **Assignment Location** Work Telephone Home Telephone **Employee Signature** Unable to Date Resolved Resolve Describe your grievance in detail. (Attach an Additional Sheet if Necessary) **Suggested Corrective Action:** Date **Employee Signature**TO BE COMPLETED IF WITHDRAWING A GRIEVANCE Of my own free will, I request my grievance be withdrawn. **Employee Signature** Date (NOT TO BE INCLUDED IN PERSONNEL RECORDS) Distribution: Reviewer, Grievance File (Director's

Control Number

517-1PF

4/16/97

ARIZONA DEPARTMENT OF CORRECTIONS

Office), Grievant